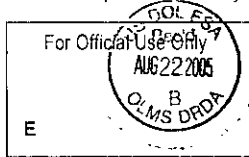


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text"/> 12649	2. Fiscal Year Covered From: <input type="text"/> / <input type="text"/> / <input type="text"/> Through: <input type="text"/> / <input type="text"/> / <input type="text"/> 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name <input type="text"/> <input type="text"/> R <input type="text"/> Paul Dalferro P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> 3322 Maple Avenue City <input type="text"/> Castalia State <input type="text"/> ZIP Code + 4 <input type="text"/> Ohio 44824	4. Name, file number, and address of labor organization. Name <input type="text"/> Ohio & Vicinity Regional Council of Carpenters Labor Organization File Number <input type="text"/> 542-227 P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> 3615 Chester Avenue City <input type="text"/> Cleveland State <input type="text"/> ZIP Code + 4 <input type="text"/> Ohio 44114
5. Position in labor organization. <input type="text"/> Regional Office Manager	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> See attached Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <input type="text"/> Paul R. Dalferro	On <input type="text"/> 8/15/2005 Date	<input type="text"/> 419-668-1912 Telephone Number

Name of Person Filing Paul Dalferro	File Number U-
--	-----------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input style="width: 90%;" type="text" value="See Attached"/></p> <p>Trade Name, if any: <input style="width: 90%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/></p> <p>Street <input style="width: 90%;" type="text"/></p> <p>City <input style="width: 90%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input style="width: 90%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 90%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/></p> <p>Street <input style="width: 90%;" type="text"/></p> <p>City <input style="width: 90%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>11.b. Approximate dollar value of such dealing. <input style="width: 150px;" type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>12.b. Amount. <input style="width: 150px;" type="text"/></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input style="width: 90%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 90%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/></p> <p>Street <input style="width: 90%;" type="text"/></p> <p>City <input style="width: 90%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input style="width: 150px;" type="text"/></p>

Name: Paul R. Dalferro
 File No.: U-_____

2004 LM-30

Supplementary Schedule

#	<u>Date of Event</u>	<u>Category</u>	<u>Description of Event</u>	<u>Name & Address of Employer</u>	<u>Nature of Relationship to the Employer</u>	<u>Estimated Dollar Value</u>	<u>Comment</u>
1.	2/16/2004	B	Client meeting dinners & entertainment	New England Asset Management 101 Dyer Street, 2 nd Floor Providence, Rhode Island 02903	Investment Managers	\$60	Value is an estimate.
2.	2/17/2004	B	Client meeting dinners & entertainment	New England Asset Management 101 Dyer Street, 2 nd Floor Providence, Rhode Island 02903	Investment Managers	\$30	Value is an estimate.
3.	2/26/2004	B	Client meeting dinners & entertainment	Meketa Investment Group 35 Braintree Hill Park Braintree, MA 02184	Pension fund consultant	\$60	Value is an estimate.
4.	5/6/2004	B	Client meeting & Golf	Robert W. Baird & Co. Inc. 10 W. Broad St., Suite 2500 Columbus, Ohio 43215	Investment Managers		Value unknown.
5.	5/6/2004	B	Client meeting dinner	Robert W. Baird & Co. Inc. 10 W. Broad St., Suite 2500 Columbus, Ohio 43215	Investment Managers	\$75	Value is an estimate
6.	5/19/2004	B	Client meeting & Golf	Meketa Investment Group 35 Braintree Hill Park Braintree, MA 02184	Pension fund consultant	\$100	Value is an estimate.
7.	5/20/2004	B	Client meeting dinner	Meketa Investment Group 35 Braintree Hill Park Braintree, MA 02184	Pension fund consultant	\$50	Value is an estimate
8.	06/28/2004	B	Seminar/Golf	Ulmer & Berne LLP 1300 East 9 th Street, Suite 900 Cleveland, Ohio 44114	Attorneys for the Ohio & Vicinity Regional Council of Carpenters	\$200	Value is an estimate.
9.	8/12/2004	B	Client meeting dinner	Robert W. Baird & Co. Inc. 10 W. Broad St., Suite 2500 Columbus, Ohio 43215	Investment Managers	\$80	Value is an estimate.
10.	8/18/2004	B	Client meeting/golf	Meketa Investment Group 35 Braintree Hill Park Braintree, MA 02184	Pension fund consultant	\$100	Value is an estimate.
11.	8/19/2004	B	Client meeting / dinner	Meketa Investment Group 35 Braintree Hill Park Braintree, MA 02184	Pension fund consultant	\$60	Value is an estimate.

Name: Paul R. Dalferro
 File No.: U-

2004 LM-30

Supplementary Schedule

#	<u>Date of Event</u>	<u>Category</u>	<u>Description of Event</u>	<u>Name & Address of Employer</u>	<u>Nature of Relationship to the Employer</u>	<u>Estimated Dollar Value</u>	<u>Comment</u>
12.	09/10/2004	B	Apprentice graduation dinner	Northeast Ohio Carpenters Joint & Apprenticeship Training Fund 4100 Maple Drive Richfield, Ohio 44286	Provides apprentice and journeyman advancement training to members of the Ohio & Vicinity Regional Council of Carpenters.	\$70	Value is an estimate.
13.	10/28/2004	B	Client meeting / dinner	Meketa Investment Group 35 Braintree Hill Park Braintree, MA 02184	Pension fund consultant	\$80	Value is an estimate.
14.	11/12/2004	B	Client meeting dinner	Robert W. Baird & Co. Inc. 10 W. Broad St., Suite 2500 Columbus, Ohio 43215	Investment Managers	\$80	Value is an estimate
15.	11/26/2004	B	Client meeting / dinner	Meketa Investment Group 35 Braintree Hill Park Braintree, MA 02184	Pension fund consultant	\$80	Value is an estimate.
16.	11/29/2004	B	Client meeting / dinner	Mac Kay Shields 9 West 57 th Street New York, NY 10019	Investment Managers	\$100	Value is an estimate.
17.	12/20/2005	B	Holiday Food Basket	Ulmer & Berne LLP 1300 East 9 th Street, Suite 900 Cleveland, Ohio 44114	Attorneys for the Ohio & Vicinity Regional Council of Carpenters	\$75	Value is an estimate.

TRUSTEE EXPENSE VOUCHER

OHIO CARPENTERS PENSION FUND

(Name of Trust Fund(s))

THIS VOUCHER IS FOR:

☐ EXPENSES IN CONNECTION WITH ATTENDANCE AT TRUST MEETING AT NEW ORLEANS ON SEPT. 17-23
(Location) (Date(s))

☐ EXPENSES IN CONNECTION WITH ATTENDANCE AT EDUCATIONAL MEETING AT _____
ON _____ SPONSORED BY International Federation of Employee Benefit Plans
(Session Date(s)) (Meeting Sponsor)

☐ OTHER: _____
(Describe Reason for Incurring Expenses)

TRANSPORTATION:

DATE OF DEPARTURE 9.17 DATE OF RETURN 9.23 MOVED TO NOV. 29 - DEC. 4
DUE TO A HURRICANE

☐ PRIVATE AUTOMOBILE _____ MILES AT _____¢ PER MILE _____ \$
☒ AIRFARE ☐ TRAIN ☐ BUS (ATTACH COPY OF TICKET) _____ \$ 250⁰⁰
☐ RENTACAR AT MEETING LOCATION (ATTACH COPY OF BILL) _____ \$

HOTEL OR MOTEL:

☐ HOTEL OR MOTEL EXPENSE (ATTACH COPY OF BILL) _____ \$

MEETING REGISTRATION FEE:

☐ MEETING REGISTRATION FEE EXPENSE (ATTACH RECEIPT) _____ \$

DAILY EXPENSES:

☐ DAILY EXPENSES (FROM REVERSE SIDE OF VOUCHER) _____ \$

TOTAL EXPENSES _____ \$

SETTLEMENT

TOTAL EXPENSES WHICH I INCURRED _____ \$ 250⁰⁰
LESS THE AMOUNT I RECEIVED AS AN ADVANCE (IF ANY) _____ \$ 0

EQUALS

☐ REFUND WHICH I OWE TO TRUST FUND. MY CHECK IS ATTACHED. _____ \$

OR

☒ AMOUNT OWING ME BY TRUST FUND. I REQUEST REIMBURSEMENT. _____ \$ 250⁰⁰

I HEREBY CERTIFY THAT THE EXPENSES DETAILED ON THIS VOUCHER ARE THE PROPER AND ACTUAL EXPENSES WHICH I INCURRED IN CONNECTION WITH THE TRUST FUND ACTIVITY NOTED ABOVE.

DATED THIS 11TH DAY OF MAY, 19 2004

Paul R. Delfino
(Signature of Trustee)

3322 MAPLE AVE CASTALIA OH
(Address and City)

NOTE TO TRUSTEE: This voucher is for expenses personally incurred by you as a Trustee. If transportation charges, hotel deposits, registration fees or any other item has been paid directly by the Trust Fund, do not list on this voucher. If you travel with a family member or other person not connected with the Trust Fund, the expenses of such person are not reimbursable. If such expenses are included on any of the attached bills or receipts, you should note the necessary adjustments on the bill or receipt. (For example: If the hotel or motel bill contains a charge for a double room because of occupancy by a family member, subtract the difference between the double room and a single room and indicate on the bill that only the balance is being charged to the trust fund.) Meals should not be listed if they are otherwise included with air transportation or included on hotel or motel bills. If any expense item requires an explanation, mark the item with an asterisk and write the explanation on the reverse side of this voucher. Reimbursement of expenses claimed on this voucher is subject to any expense policy or limitation which may have been adopted by the Board of Trustees.

SPACE FOR USE OF ADMINISTRATIVE AGENT OR FOR APPROVAL OF TRUST OFFICERS (IF REQUIRED):

Received & Approved on 5/14/04
Wayne Wilson



Issue Date: April 8, 2004

eTicket Itinerary and Receipt

Confirmation: UJ1F5L

Day	Date	Flight/Class	Depart	Time	Arrive	Time	Equip	Meal
Fri	17SEP04	CO* 3227 U CLEVELAND		9:05AM	NEW ORLEANS	10:42AM	ERJ-145	
*Operated by EXPRESSJET AIRLINES INC doing business as CONTINENTAL EXPRESS								
Thu	23SEP04	CO* 2684 U NEW ORLEANS		7:10AM	CLEVELAND	10:43AM	ERJ-145	SNACK
*Operated by EXPRESSJET AIRLINES INC doing business as CONTINENTAL EXPRESS								

Traveler (2)	Frequent Flyer	eTicket Number	Seat(s) **
DALFERRO / PAULR		0052181776176	5B/7C
DALFERRO / DONNAJ		0052181776177	5C/7B

Fare: \$213.95 Combined Tax: \$36.25 Per Person Total: \$250.20 eTicket Total: \$500.40

Combined Tax/Fee Detail: Tax \$16.05, Flight Segment Tax \$6.20, Security Service Fee: \$5.00, Passenger Facility Charge: \$9.00

Method of Payment: MASTERCARD XXXXXXXXXXXX4586

Fare Rules: Additional charges may apply for changes in addition to any fare rules listed.
NONREF/OVALUAFTOPT/CHGFEE
Cancel reservations before the scheduled departure time or TICKET HAS NO VALUE.

→ Seats listed in flight order and subject to change

eTicket Reminders

- Bring this eTicket Receipt along with photo identification to the ticket lobby for check-in
- The FAA now restricts carry-on baggage to one bag plus one personal item (purse, briefcase, laptop computer, etc.) per passenger
- For up to the minute flight information call 1-800-784-4444 or try our free Flight Paging service at continental.com
- If flight segments are not flown in order, your reservation may be cancelled
- There is no need to call to reconfirm this reservation, if your travel plans change call Continental at 1-800-525-0280
- Your eTicket is non transferable and valid for 1 year from the issue date unless otherwise noted in the fare rules above
- Flight boarding begins 35 to 50 minutes prior to departure, you must be at the boarding gate no later than 15 minutes prior to scheduled departure to retain your reservation

Continental Checked Baggage Policy

The maximum allowable free baggage acceptance for all tickets purchased for travel from Canada and within the Mainland U.S., Puerto Rico, Alaska, Hawaii and the U.S. Virgin Islands is 50 pounds. Read the [complete details](http://continental.com) at continental.com > Travel Center > Policies > Baggage information.

American Express TravelFunds Card

Buy a TravelFunds Card at continental.com. Safer than cash.

Double Miles from Dollar

Dollar Rent A Car is offering double miles on rentals of a compact car or larger vehicle for 2 consecutive days or longer. Valid thru 10/31/04. Use promo code CNETK. For reservations, book online at dollar.com. Terms and conditions apply.

<http://www.continental.com/eticket/wreceipt.asp?copnr=UJ1F5L&ln=DALFERRO>

5/6/04

Aug. 15 2005 12:55PM P6

FAX NO.: 4196687562

FROM: NORMLK REGIONAL OFFICE

TRUSTEE EXPENSE VOUCHER

OHIO CARPENTERS PENSION FUND

(Name of Trust Fund(s))

THIS VOUCHER IS FOR:

☒ EXPENSES IN CONNECTION WITH ATTENDANCE AT TRUST MEETING AT

CLEVELAND

ON

10-27 - 10-28

(Location)

(Date(s))

☐ EXPENSES IN CONNECTION WITH ATTENDANCE AT EDUCATIONAL MEETING AT

(Location)

ON

SPONSORED BY

(Session Date(s))

(Meeting Sponsor)

☐ OTHER:

TRUSTEES QUARTERLY MEETING

(Describe Reason for Incurring Expenses)

TRANSPORTATION:

DATE OF DEPARTURE _____ DATE OF RETURN _____

☐ PRIVATE AUTOMOBILE _____ MILES AT _____ ¢ PER MILE \$ _____

☐ AIRFARE ☐ TRAIN ☐ BUS (ATTACH COPY OF TICKET) \$ _____

☐ RENTACAR AT MEETING LOCATION (ATTACH COPY OF BILL) \$ _____

HOTEL OR MOTEL:

☒ HOTEL OR MOTEL EXPENSE (ATTACH COPY OF BILL) \$ 277⁸⁸

MEETING REGISTRATION FEE:

☐ MEETING REGISTRATION FEE EXPENSE (ATTACH RECEIPT) \$ _____

DAILY EXPENSES:

☐ DAILY EXPENSES (FROM REVERSE SIDE OF VOUCHER) \$ _____

TOTAL EXPENSES \$ _____

SETTLEMENT

TOTAL EXPENSES WHICH I INCURRED \$ 277⁸⁸

LESS THE AMOUNT I RECEIVED AS AN ADVANCE (IF ANY) \$ 0

EQUALS

☐ REFUND WHICH I OWE TO TRUST FUND. MY CHECK IS ATTACHED. \$ 277⁸⁸

OR

☐ AMOUNT OWING ME BY TRUST FUND. I REQUEST REIMBURSEMENT. \$ _____

I HEREBY CERTIFY THAT THE EXPENSES DETAILED ON THIS VOUCHER ARE THE PROPER AND ACTUAL EXPENSES WHICH I INCURRED IN CONNECTION WITH THE TRUST FUND ACTIVITY NOTED ABOVE.

DATED THIS 29TH DAY OF OCT, 28 2004

Paul R. Daff
(Signature of Trustee)

3322 MARIE AVE CASTACIA, OH.
(Address and City)

NOTE TO TRUSTEE: This voucher is for expenses personally incurred by you as a Trustee. If transportation charges, hotel deposits, registration fees or any other item has been paid directly by the Trust Fund, do not list on this voucher. If you travel with a family member or other person not connected with the Trust Fund, the expenses of such person are not reimbursable. If such expenses are included on any of the attached bills or receipts, you should note the necessary adjustments on the bill or receipt. (For example: If the hotel or motel bill contains a charge for a double room because of occupancy by a family member, subtract the difference between the double room and a single room and indicate on the bill that only the balance is being charged to the Trust Fund.) Meals should not be listed if they are otherwise included with air transportation or included on hotel or motel bills. If any expense item requires an explanation, mark the item with an asterisk and write the explanation on the reverse side of this voucher. Reimbursement of expenses claimed on this voucher is subject to any expense policy or limitation which may have been adopted by the Board of Trustees.

SPACE FOR USE OF ADMINISTRATIVE AGENT OR FOR APPROVAL OF TRUST OFFICERS (IF REQUIRED):

Reviewed & Approved on 11/1/14

Marriott
CLEVELAND DOWNTOWN
AT KEY CENTER

127 Public Square
Cleveland, OH 44114-1305
(216) 696 9200
Marriott.com/CLESC

GUEST FOLIO

DATE	10/27/04	TIME	12:50	ROOM	1508	RATE	225.00	TAX	18.00	TOTAL	243.00
DATE	10/28/04	TIME	12:50	ROOM	1508	RATE	225.00	TAX	18.00	TOTAL	243.00
DATE	10/27/04	TIME	12:50	ROOM	1508	RATE	225.00	TAX	18.00	TOTAL	243.00
DATE	10/28/04	TIME	12:50	ROOM	1508	RATE	225.00	TAX	18.00	TOTAL	243.00
DATE	10/27/04	TIME	12:50	ROOM	1508	RATE	225.00	TAX	18.00	TOTAL	243.00
DATE	10/28/04	TIME	12:50	ROOM	1508	RATE	225.00	TAX	18.00	TOTAL	243.00
DATE	10/27/04	TIME	12:50	ROOM	1508	RATE	225.00	TAX	18.00	TOTAL	243.00
DATE	10/28/04	TIME	12:50	ROOM	1508	RATE	225.00	TAX	18.00	TOTAL	243.00
DATE	10/27/04	TIME	12:50	ROOM	1508	RATE	225.00	TAX	18.00	TOTAL	243.00
DATE	10/28/04	TIME	12:50	ROOM	1508	RATE	225.00	TAX	18.00	TOTAL	243.00

10/27 JAKES 46881508 19.28
10/27 PARKING 10/27/04 18.00
10/27 ROOM-TR 1508, 1 225.00
10/27 ROOM TAX 1508, 1 18.00
10/27 OCC TAX 1508, 1 16.88
10/28 AX CARD

\$297.16 - 1928 = 277.88

TO BE SETTLED TO: AMERICAN EXPRESS CURRENT BALANCE .00

THANK YOU FOR CHOOSING MARRIOTT! TO EXPEDITE YOUR CHECK-OUT,
PLEASE CALL THE FRONT DESK, OR PRESS "MENU" ON YOUR
TV REMOTE CONTROL TO ACCESS VIDEO CHECK-OUT.

----- EXP. REPORT SUMMARY -----
10/27 JAKES 19.28
PARKING 18.00
ROOM&TAX 259.88

Marriott
CLEVELAND DOWNTOWN
AT KEY CENTER

127 Public Square
Cleveland, OH 44114-1305
(216) 696 9200
Marriott.com/CLESC

This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amount shown in the credits column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after check-out, you will owe us interest from the check-out date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

6-2955C
Rev. 12/03

Signature X

FOR RESERVATIONS AT ANY MARRIOTT HOTEL, CALL (800) 228 9290

TRUSTEE EXPENSE VOUCHER

OHIO CARPENTERS PENSION FUND

(Name of Trust Fund(s))

THIS VOUCHER IS FOR:

- ☐ EXPENSES IN CONNECTION WITH ATTENDANCE AT TRUST MEETING AT _____ ON _____
(Location) (Date(s))
- ☒ EXPENSES IN CONNECTION WITH ATTENDANCE AT EDUCATIONAL MEETING AT NEW ORLEANS LA
(Location)
- ON Nov. 29th - Dec. 4th SPONSORED BY INTERNATIONAL FOUNDATION
(Session Date(s)) (Meeting Sponsor)
- ☐ OTHER: _____
(Describe Reason for Incurring Expenses)

TRANSPORTATION:

DATE OF DEPARTURE 11-29-04 DATE OF RETURN 12-04-04

☐ PRIVATE AUTOMOBILE _____ MILES AT _____ PER MILE \$ _____

☐ AIRFARE ☐ TRAIN ☐ BUS (ATTACH COPY OF TICKET) \$ _____

☒ RENTACAR AT MEETING LOCATION (ATTACH COPY OF BILL) \$ 405

HOTEL OR MOTEL:

☐ HOTEL OR MOTEL EXPENSE (ATTACH COPY OF BILL) \$ _____

MEETING REGISTRATION FEE:

☐ MEETING REGISTRATION FEE EXPENSE (ATTACH RECEIPT) \$ _____

DAILY EXPENSES:

☐ DAILY EXPENSES (FROM REVERSE SIDE OF VOUCHER) \$ 523

TOTAL EXPENSES \$ 928

SETTLEMENT

TOTAL EXPENSES WHICH I INCURRED \$ 928

LESS THE AMOUNT I RECEIVED AS AN ADVANCE (IF ANY) \$ 0

EQUALS

☐ REFUND WHICH I OWE TO TRUST FUND. MY CHECK IS ATTACHED. \$ _____

OR

☒ AMOUNT OWING ME BY TRUST FUND. I REQUEST REIMBURSEMENT. \$ 928

I HEREBY CERTIFY THAT THE EXPENSES DETAILED ON THIS VOUCHER ARE THE PROPER AND ACTUAL EXPENSES WHICH I INCURRED IN CONNECTION WITH THE TRUST FUND ACTIVITY NOTED ABOVE.

DATED THIS _____ DAY OF _____ 18 2004

Paul R. Duff
(Signature of Trustee)

3322 MAPLE AVE CASTALIA, OH.
(Address and City) 44874

NOTE TO TRUSTEE: This voucher is for expenses personally incurred by you as a Trustee. If transportation charges, hotel deposits, registration fees or any other item has been paid directly by the Trust Fund, do not list on this voucher. If you travel with a family member or other person not connected with the Trust Fund, the expenses of such person are not reimbursable. If such expenses are included on any of the attached bills or receipts, you should note the necessary adjustments on the bill or receipt. (For example: If the hotel or motel bill contains a charge for a double room because of occupancy by a family member, subtract the difference between the double room and a single room and indicate on the bill that only the balance is being charged to the trust fund.) Meals should not be listed if they are otherwise included with air transportation or included on hotel or motel bills. If any expense item requires an explanation, mark the item with an asterisk and write the explanation on the reverse side of this voucher. Reimbursement of expenses claimed on this voucher is subject to any expense policy or limitation which may have been adopted by the Board of Trustees.

SPACE FOR USE OF ADMINISTRATIVE AGENT OR FOR APPROVAL OF TRUST OFFICERS (IF REQUIRED):

DAILY EXPENSES (ATTACH RECEIPTS FOR ANY SINGLE ITEM OF \$25 OR MORE):

NUMBER OF DAYS SPENT ON THIS TRUST FUND ACTIVITY INCLUDING TRAVEL DAYS _____

DATE: MON. Nov. 29

BREAKFAST & TIP \$ 12
 LUNCH & TIP \$ 18⁵⁰
 DINNER & TIP \$ 23
 BEVERAGES & TIP \$ 10⁵⁰
 PORTERS-BELLMEN \$ 22
 LIMOS-TAXIS-BUSES \$ _____
 AIRPORT PARK (Other) \$ 7
 TOTAL THIS DATE \$ 93

DATE: TUES. Nov. 30

BREAKFAST & TIP \$ 14⁵⁰
 LUNCH & TIP \$ 21⁵⁰
 DINNER & TIP \$ 21⁷⁵
 BEVERAGES & TIP \$ 11
 PORTERS-BELLMEN \$ 8
 LIMOS-TAXIS-BUSES \$ _____
 AIRPORT PARK (Other) \$ 7
 TOTAL THIS DATE \$ 83⁷⁵

DATE: WED. Dec. 1st

BREAKFAST & TIP \$ 13²⁵
 LUNCH & TIP \$ 22
 DINNER & TIP \$ 23⁵⁰
 BEVERAGES & TIP \$ 9
 PORTERS-BELLMEN \$ 12
 LIMOS-TAXIS-BUSES \$ _____
 AIRPORT PARK (Other) \$ 7
 TOTAL THIS DATE \$ 86⁷⁵

DATE: THURS. Dec 2nd

BREAKFAST & TIP \$ 13
 LUNCH & TIP \$ 19⁵⁰
 DINNER & TIP \$ 21⁷⁵
 BEVERAGES & TIP \$ 7⁵⁰
 PORTERS-BELLMEN \$ 13
 LIMOS-TAXIS-BUSES \$ _____
 AIRPORT PARK (Other) \$ 7
 TOTAL THIS DATE \$ 81⁷⁵

DATE: FRI. Dec. 3rd

BREAKFAST & TIP \$ 11⁵⁰
 LUNCH & TIP \$ 19⁵⁰
 DINNER & TIP \$ 22⁷⁵
 BEVERAGES & TIP \$ 9
 PORTERS-BELLMEN \$ 15
 LIMOS-TAXIS-BUSES \$ _____
 AIRPORT PARK (Other) \$ 7
 TOTAL THIS DATE \$ 84⁷⁵

IF MORE THAN FIVE DAYS,
 ATTACH AN ADDITIONAL
 VOUCHER SHEET

TOTAL OF ALL DAILY EXPENSES \$ SEE PAGE # 2
 (Transfer amount to front side of voucher)

EXPLANATIONS (IF NEEDED):

A considerable number of funds have inquired to the International Foundation headquarters for some guidance, some "ground rules," in regard to reimbursing trustees and administrators for out-of-pocket expenses directly related to attendance at conferences, seminars, etc. As your educational arm we cannot, and will not set "ground rules." We will, however, provide many educational opportunities for you to determine on your own what is "reasonable and prudent" for your particular trust.

All jointly administered fringe benefit funds are trust funds which, under the language of most trust agreements and general principles of trust law as well as ERISA, can be used only for the benefit programs and for reasonable expenses in connection with the administration of such programs.

The size and objectives of the funds, the pressure of ample reserves and the expenses ratio are among the variable factors which make it practically impossible to suggest hard and fast rules which should be applied in every instance. For example, a small fund with a large board of trustees does not prudently send all trustees to every educational meeting. However, a larger, well-funded trust, with a small board of trustees, may be able to send all trustees to one or more of our educational functions. Each trustee should itemize his expenses to qualify for reimbursement and may wish to make a written report of the sessions he attended at educational meetings when he returns, for the record and/or for the benefit of other individuals who did not attend the meeting.

Member trust funds should bear these factors in mind when they make provisions for expenses for their delegates who attend the educational conferences and other meetings. Overriding is the fact that most monies are at issue, and that trustees are legally responsible to see that all expenses are justifiable, reasonable and prudent.

We are confident that each trustee will keep these thoughts in mind when contemplating policy for his particular trust.



Uregh
 204/296

#2

DAILY EXPENSES (ATTACH RECEIPTS FOR ANY SINGLE ITEM OF \$25 OR MORE):

NUMBER OF DAYS SPENT ON THIS TRUST FUND ACTIVITY INCLUDING TRAVEL DAYS _____

DATE: SAT. DEC. 9TH

DATE: _____

DATE: _____

BREAKFAST & TIP

\$ 13⁷⁵

BREAKFAST & TIP

\$ _____

BREAKFAST & TIP

\$ _____

LUNCH & TIP

\$ 18²⁵

LUNCH & TIP

\$ _____

LUNCH & TIP

\$ _____

DINNER & TIP

\$ 22⁵⁰

DINNER & TIP

\$ _____

DINNER & TIP

\$ _____

BEVERAGES & TIP

\$ 8

BEVERAGES & TIP

\$ _____

BEVERAGES & TIP

\$ _____

PORTERS-BELLMEN

\$ 24

PORTERS-BELLMEN

\$ _____

PORTERS-BELLMEN

\$ _____

LIMOS-TAXIS-BUSES

\$ _____

LIMOS-TAXIS-BUSES

\$ _____

LIMOS-TAXIS-BUSES

\$ _____

AIRPORT PARK

\$ 7

(Other)

\$ _____

(Other)

\$ _____

TOTAL THIS DATE

\$ 93⁵⁰

TOTAL THIS DATE

\$ _____

TOTAL THIS DATE

\$ _____

DATE: _____

DATE: _____

BREAKFAST & TIP

\$ _____

BREAKFAST & TIP

\$ _____

IF MORE THAN FIVE DAYS,

LUNCH & TIP

\$ _____

LUNCH & TIP

\$ _____

ATTACH AN ADDITIONAL

DINNER & TIP

\$ _____

DINNER & TIP

\$ _____

VOUCHER SHEET

BEVERAGES & TIP

\$ _____

BEVERAGES & TIP

\$ _____

PORTERS-BELLMEN

\$ _____

PORTERS-BELLMEN

\$ _____

LIMOS-TAXIS-BUSES

\$ _____

LIMOS-TAXIS-BUSES

\$ _____

(Other)

\$ _____

(Other)

\$ _____

TOTAL THIS DATE

\$ _____

TOTAL THIS DATE

\$ _____

TOTAL OF ALL DAILY EXPENSES

\$ 523⁵⁰

(Transfer amount to front side of voucher)

EXPLANATIONS (IF NEEDED):

A considerable number of funds have inquired to the International Foundation headquarters for some guidance, some "ground rules," in regard to reimbursing trustees and administrators for out-of-pocket expenses directly related to attendance at conferences, seminars, etc. As your educational arm we cannot and will not set "ground rules." We will, however, provide many educational opportunities for you to determine on your own what is "reasonable and prudent" for your particular trust.

All jointly administered fringe benefit funds are trust funds which, under the language of most trust agreements and general principles of trust law as well as ERISA, can be used only for the benefit programs and for reasonable expenses in connection with the administration of such programs.

The size and objectives of the funds, the pressure of ample reserves and the expenses ratio are among the variable factors which make it practically impossible to suggest hard and fast rules which should be applied in every instance. For example, a small fund with a large board of trustees does not prudently send all trustees to every educational meeting. However, a larger, well-funded trust, with a small board of trustees, may be able to send all trustees to one or more of four educational functions. Each trustee should itemize his expenses to qualify for reimbursement, and may wish to make a written report of the sessions he attended at educational meetings when he returns, for the record and/or for the benefit of other individuals who did not attend the meeting.

Member trust funds should bear these factors in mind when they make provisions for expenses for their delegates who attend the educational conferences and other meetings. Overriding is the fact that most monies are at issue; and that trustees are legally responsible to see that all expenses are justifiable, reasonable and prudent.

We are confident that each trustee will keep these thoughts in mind when contemplating policy for his particular trust.



11/19/91
201/256